**Table 1** Demographic information of the participants

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Gender** | **N** | **%** |
| **Race** |  |  |  |
| Black | Male | 18 | 32.7 |
|  | Female | 57 | 41.0 |
| Coloured | Male | 3 | 5.5 |
|  | Female | 5 | 3.6 |
| Indian | Male | 8 | 14.6 |
|  | Female | 10 | 7.2 |
| White | Male | 26 | 47.3 |
|  | Female | 67 | 48.2 |
| **Total** | Male | 55 | 28.4 |
|  | Female | 139 | 71.6 |
|  | | | |
| Pearson chi2 = 3.3308 p = 0.343 | | | |

T\*Note: sd=standard deviation, p=gender distribution.

**Table 2** Prevalence (%) and percentage change (%) in health behaviour risk factors and in clustered risk factors in first year (2019) and second year (2020) medical students

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2019** | | **2020** | | **Overall**  **difference (%)** | **p-value** |
| **N** | **%** | **N** | **%** |
| **Past or current smoking (GATS)** | 22 | 11.3 | 12 | 6.2 | -5.1 | 0.018\* |
| **Alcohol use (AUDIT score >=8)** | 21 | 10.8 | 8 | 4.1 | -6.7 | 0.007\* |
| **Physical activity (Kasari FIT Index <=36)** | 123 | 63.7 | 107 | 55.2 | -8,5 | 0.018\* |
| **Diet quality (REAP-S score <=29)** | 122 | 62.9 | 106 | 54.6 | -8.3 | 0.011\* |
| **Sleep quality (PSQI score ≥5)** | 153 | 79.0 | 131 | 67.7 | -11.3 | 0.002\* |
| **Clustered risk factors (<2)** | 39 | 20.1 | 69 | 35.6 | +15.5 | < 0.001\* |
| **Clustered risk factors (>=2)** | 155 | 79.9 | 125 | 64.4 | -15.5 |

\*AUDIT=Alcohol Use Disorder Identification Test, REAP-S=The short version Rapid Eating Assessment for Participants (REAP-S), PSQI=Pittsburgh Sleep Quality Index

\*Significant change (p < 0.05) in all health behavioural risk factors, and clustered risk factors from 2019 to 2020